



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER, Governor
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BUREAU OF FACILITY STANDARDS
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January 18, 2007

Shannon Miller, Administrator
Paramount Parks at Boise Alzheimers LLC
10172 W Smoke Ranch Dr
Boise, ID 83709

Dear Ms. Miller:

On January 12, 2007, a life safety code survey was conducted at Paramount Parks at Boise Alzheimers Llc. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Grimes', with a long horizontal flourish extending to the right.

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R764	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE WING B. WING _____		(X3) DATE SURVEY COMPLETED 01/12/2007
NAME OF PROVIDER OR SUPPLIER PARAMOUNT PARKS AT BOISE ALZHEIMERS			STREET ADDRESS, CITY, STATE, ZIP CODE 10172 W SMOKE RANCH DR BOISE, ID 83709		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on January 12, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire safety & Construction</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

5WMT21

If continuation sheet 1 of 1